CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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FEB -9 2011

CITY OF LAFAYETTE

LIE COVER PAGE

Anderson Brandt Anderson Brandt 1. Office, Agency, or Court Agency Name City Council Division, Board, Department, District, if applicable It filing for multiple positions, list below or on an attachment. Agency: Lafayette Councilmember It filing for multiple positions, list below or on an attachment. Agency: Lafayette Councilmember 2. Jurisdiction of Office (Check at feast one box) State Madi-County Councy of Judge (Statewide Jurisdiction) Check one) Annual: The period covered is January 1, 2010, through December 31, 2010. Annual: The period covered is January 1, 2010, through December 31, 2010. Assuming Office: Date Check one) Check one) Check one) The period covered is Junuary 1, 2010, through December 31, 2010. Assuming Office: Date Check one) Check one) Check one) Check one) Schedule Summary Check applicable schedules or "None." Schedule Schedule A - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule B - Invoeme - Gifts - Schedule attached Schedule B - Invoeme - Gifts - Schedule attached Schedule B - Investments - schedule attached Schedule B - Invoeme - Gifts - Schedule attached Schedule B - Invoeme - Gifts - Schedule attached Schedule B - Invoeme - Gifts - Schedule attached Schedule B - Invoeme - Gifts - Schedule attached Schedule B - Invoeme - Gifts - Travel Payments - schedule attached Schedule B - Invoeme - Gifts - Travel Payments - schedule attached Invoeme - Invoeme - Schedule attached Schedule B - Invoeme - Gifts - Travel Payments - schedule attached Invoeme - Invoements - schedule attached Schedule B - Invoeme - Gifts - Travel Payments - schedule attached Schedule B - Invoeme - Gifts - Travel Payments - schedule attached Invoements - Statements - Sta	Please type or print in ink.	2011 MAR 23	AM 8: 11	
1. Office, Agency, or Court Agency Name City Council Division, Soard, Department, District, if applicable ➤ If filing for multiple positions, list below or on an attachment. Agency: **LattAptents** Research Selfs** Agency** -> Latindiction of Office (Check at least one box) State	NAME OF FILER (LAST)			(MIDDLE)
Agency Name City Council Division, Board, Department, District, if applicable City of Lafayette If filing for multiple positions, list below or on an attachment. Agency: Lafayette 2. Jurisdiction of Office (Check at least one box) State Multi-County City of Lafayette Councilmember Position: Lafaculary Multi-BBR. Jurisdiction of Office (Check at least one box) State Multi-County City of Lafayette County of Check are least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. Assuming Office: Date Condidate: Bedion Year Coffice sought, if different than Part 1: Schedule Summary Check applicable schedules or "None." Schedule A1 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income - Gifts - Gravel Payments - schedule attached Schedule B - Real Property - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule attached Schedule C - Income - Gifts - Travel Payments - schedule C - Income - Gifts - Travel Payments - schedule C - Incom	Andersson		Brandt	
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Division, Board, Department, District, if applicable City of Lafayette If filing for multiple positions, list below or on an attachment. Agency, Latabertae Reversacrated Meastery 2. Jurisdiction of Office (Check at least one box) State Multi-County County of	Agency Name	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
City of Lafayette If filing for multiple positions, list below or on an attachment. Agency: Lafayette Position: Adjusted Position: Adjusted Interest Position: Adjusted Position: Adjus	City Council			
Position: Adjust provided positions, list below or on an attachment. Agency: Adjust Personal Adjust Adjust Position: Adjust provided Jurisdiction of Office (Check at least one box) State	Division, Board, Department, District, if applicable	e	Your Position	
2. Jurisdiction of Office (Check at least one box) State	City of Lafayette		Councilmember	
2. Jurisdiction of Office (Check at least one box) State Multi-County County of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is	▶ If filing for multiple positions, list below or on	an attachment.	,	
State Judge (Statewide Jurisdiction) Multi-County County of County of Other	Agency: LAFAYETTE REDEVELOP	mot Asexcy	Position: AGENCY 1	LEYBER 3A
Multi-County County of City of Lafayette Other	2. Jurisdiction of Office (Check at least	one box)	-	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010or- The period covered is	☐ State		☐ Judge (Statewide Jurisdiction)	
3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, 2010or- The period covered is	Multi-County		County of	
Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is 01 / 01 / 10, through December 31, 2010. Assuming Office: Date	⊠ City of Lafayette		Other	
Annual: The period covered is January 1, 2010, through December 31, 2010. The period covered is 01 / 01 / 10, through December 31, 2010. Assuming Office: Date	3. Type of Statement (Check at least one	box)		
Check one The period covered is O1 O1 10 through December 31, OTHe period covered is January 1, 2010, through the date of leaving office. Assuming Office: Date			Leaving Office: Date Left	
Candidate: Election Year	2010or-	•		
of leaving office. ☐ Candidate: Election Year Office sought, if different than Part 1:		0 , through December 31,	- ·	ary 1, 2010, through the date of
4. Schedule Summary Check applicable schedules or "None." Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached or- None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha Date Signed February 1, 2011 Signatu	Assuming Office: Date/			_/, through the date
Total number of pages including this cover page:	Candidate: Election Year	Office sought, if diffe	erent than Part 1:	
Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha Date Signed February 1, 2011 Impute, day, year) Signatu	4. Schedule Summary	Approximate the second		x = 31
Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or- None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha Date Signed February 1, 2011 Impute, day, year) Signatu	Check applicable schedules or "None."	► T	otal number of pages including this c	over page:
Schedule B - Real Property - schedule attached -or- None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha Date Signed February 1, 2011	Schedule A-1 - Investments - schedule atta			
None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha Date Signed February 1, 2011 (month, day, year) Signatu	<u> </u>	····		
herein and in any attached schedules is true and complete. I acknowledge this is I certify under penalty of perjury under the laws of the State of California tha Date Signed	Schedule B - Real Property - schedule atta	ched	Schedule E - Income - Gifts - Trave	l Payments - schedule attached
I certify under penalty of perjury under the laws of the State of California that Date Signed February 1, 2011 Signature (month, day, year)		••	ts on any schedule	
I certify under penalty of perjury under the laws of the State of California that Date Signed February 1, 2011 Signature (month, day, year)				
I certify under penalty of perjury under the laws of the State of California that Date Signed February 1, 2011 Signature (month, day, year)				
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I certify under penalty of perjury under the laws of the State of California that Date Signed February 1, 2011 Signature (month, day, year)				
Date Signed February 1, 2011 Signatu	herein and in any attached schedules is true and	complete. I acknowledge ti	nis is	
(month, day, year)	I certify under penalty of perjury under the la	ws of the State of Californi	a tha	
(month, day, year)	Esharan 4 2044			
EDDC EAST 700 (9040/2044)	/ Date digited	Sig	natu	
				FPPC Form 700 (2010/2011)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Brandt Andersson

NAME OF BUSINESS ENTITY Amylin Pharmaceuticals	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
pharmaceutical development	
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 10 / 10 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Comments:	·

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM	
Name	
Brandt Anderss	:on

I. BUSINESS ENTITY OF TRUST	7. Business entitl on most
Law Offices of Andersson & Andersson PC	
Name 1600 S. Main Plaza, # 145, Walnut Creek, CA 94549	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
Dustites Ethity, complete the box, their go to 2	Trust, go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Law Firm	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Prof. Corporation	NATURE OF INVESTMENT Sole Proprietorship Partnership
Shareholder	Other
YOUR BUSINESS POSITION CHARGE TOTAL	YOUR BUSINESS POSITION
- A PRINCIPLY THE ADDRESS WASHING SECTION AND UNDER YOUR DOOR	A DENTIFY THE OCCOON MODIFIED TO THE WOLLDE NOUN DROUGHT
 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) 	▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
☐ \$0 - \$499 ☐ \$10,001 - \$100,000	☐ \$0 - \$499 ☐ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000	S500 - \$1,000 OVER \$100,000
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$1,001 - \$10,000
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a reparate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet it necessary)
	<u> </u>
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
	11
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000 / / 10 / / 10	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	Check box if additional schedules reporting investments or real property
are attached	are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

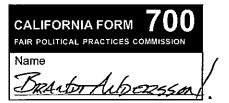
SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Brandt Andersson

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Law Offices of Andersson & Andersson PC	Law Offices of Andersson & Andersson PC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1600 S. Main Plaza, # 145, Walnut Creek, CA 94549	1600 S. Main Plaza, # 145, Walnut Creek, CA 9454
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm	Law Firm
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Principal Attorney	Principal Attorney
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000\$1,001 - \$10,000
∑ \$10,001 - \$100,000 ☐ OVER \$100,000	▼ \$10,001 - \$100,000 □ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boat, etc.)	(Property, car, boaf, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Describe)	Other (Describe)
of a retail installment or credit card transaction, made available to members of the public without regard to	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received
not in a lender's regular course of business must be	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%
Parameter (Dasheds Padros Propopulato)	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
DOGINEOU ACTIVITI, II ANT, OF LENDER	
UNIVERSITY DATABASE PURPOSE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property
\$500 - \$1,000	Real Property
\$500 - \$1,000 \$1,001 - \$10,000	Real Property
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property
\$500 - \$1,000 \$1,001 - \$10,000	Real Property Street address City Other
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Street address City Guarantor
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Street address City Other
\$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	Real Property Street address City Other

SCHEDULE D Income - Gifts



NAME OF SOURCE	BEST, BE	SUITE 390	► NAME OF SOURCE	
ADDRESS (Busine	ess Address Accepta	SUITE 390 able) WAZNUT CREEK CA 9459	ADDRESS (Business Address Acc	ceptable)
BUSINESS ACTIVI	ITY, IF ANY, OF SO	DURCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
10,25,10	\$ 123.34	PINNER AT CONFERENCE		
	\$	 -		
	. \$		\$	
NAME OF SOURC	Œ		► NAME OF SOURCE	
ADDRESS (Busine	ess Address Accepta	able)	ADDRESS (Business Address Acc	ceptable)
BUSINESS ACTIVI	ITY, IF ANY, OF SO	URCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	\$		\$\$	
	\$		\$	
	\$		\$	
NAME OF SOURC	CE .		► NAME OF SOURCE	
ADDRESS (Busine	ess Address Accepta	able)	ADDRESS (Business Address Acc	reptable)
BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE	BUSINESS ACTIVITY, IF ANY, OF	SOURCE
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)
	\$		\$	
1 1	\$		\$\$	
			11	